

REGISTRATION OPTIONS

Register Online:

<http://www1.dshs.wa.gov/ca/fosterparents/>

Register by Fax:

206-328-2074

Register by Mail:

Conference Registration
1752 NW Market Street
606
Seattle, WA 98107

- PRINT or TYPE your name as it should appear on your name badge
- Confirmation letters will be emailed or mailed to the address in the "Registrant Information" section.

- To avoid misdirection of your mail, if you list your home address, do not include your institution/organization.

- All DSHS, CA, and Private Agency Staff are not eligible for scholarships.

25TH ANNUAL FOSTER PARENT /RELATIVE CAREGIVER'S CONFERENCE

REGISTRANT INFORMATION

Name: _____

Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

REGISTRANT PREFERENCES

Please check all categories that apply to you:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Adoptive Parent | <input type="checkbox"/> Relative Caregiver | <input type="checkbox"/> Private Agency Caregiver |
| <input type="checkbox"/> Treatment Parent | <input type="checkbox"/> DSHS Staff (non CA) | <input type="checkbox"/> Private Agency Staff | <input type="checkbox"/> Conference Committee Member |
| <input type="checkbox"/> Presenter | <input type="checkbox"/> CA Staff | <input type="checkbox"/> Tribal member | <input type="checkbox"/> Unlicensed Caregiver |

Years in primary role: _____

Special Needs - please select all that apply (by 8/31):

- ☐ Interpreter Services ☐ Type: _____ ☐ Other Needs _____

I am applying for a scholarship (Refer to Scholarship Information on page 8): ☐ yes ☐ no

If I do not receive a scholarship, I would like to be placed on the waitlist: ☐ yes ☐ no

I am registering for Education Institute (page 2): ☐ yes ☐ no

I am registering for Education Institute AND conference (page 2): ☐ yes ☐ no

PACKAGE SELECTION *If you are applying for a scholarship, do not fill this section out.*

Package Selection - please select one:

- ☐ **Package A** - Registration and All Meals – \$180.00
- ☐ **Package B** - One Day Registration/Meals – \$90.00
- Choose one: ☐ Sunday ☐ Monday ☐ Tuesday



WORKSHOPS - Please choose one session from each time slot that you plan to attend. If selecting any of the WAFTS sessions, do not select any Workshops B-D:

This information is only for assigning meeting room space and does not guarantee admittance. Workshop admittance is on a first-come, first-served basis.

Workshop A Sunday 3:00 pm - 4:00 pm	WAFTS Monday 8:45 am - 3:15 pm	Workshop B Monday 8:45 am - 10:15 am	Workshop C Monday 10:30 am - 12:00 pm	Workshop D Monday 8:45 am - 12:00 pm	Workshop E Tuesday 8:45 am - 10:15 pm	Workshop F Tuesday 10:30 pm - 12:00 pm	Workshop G Tuesday 8:45 pm - 12:00 pm
<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> A-6 <input type="checkbox"/> A-7	<input type="checkbox"/> WAFTS 1 <input type="checkbox"/> WAFTS 2 <input type="checkbox"/> WAFTS 3	<input type="checkbox"/> B-8 <input type="checkbox"/> B-9 <input type="checkbox"/> B-10 <input type="checkbox"/> B-11 <input type="checkbox"/> B-12 <input type="checkbox"/> B-13 <input type="checkbox"/> B-14	<input type="checkbox"/> C-15 <input type="checkbox"/> C-16 <input type="checkbox"/> C-17 <input type="checkbox"/> C-18 <input type="checkbox"/> C-19 <input type="checkbox"/> C-20 <input type="checkbox"/> C-21	<input type="checkbox"/> D-22 <input type="checkbox"/> D-23 <input type="checkbox"/> D-24 <input type="checkbox"/> D-25	<input type="checkbox"/> E-26 <input type="checkbox"/> E-27 <input type="checkbox"/> E-28 <input type="checkbox"/> E-29 <input type="checkbox"/> E-30 <input type="checkbox"/> E-31 <input type="checkbox"/> E-32 <input type="checkbox"/> E-33	<input type="checkbox"/> F-34 <input type="checkbox"/> F-35 <input type="checkbox"/> F-36 <input type="checkbox"/> F-37 <input type="checkbox"/> F-38 <input type="checkbox"/> F-40 <input type="checkbox"/> F-41 <input type="checkbox"/> F-42	<input type="checkbox"/> G-43 <input type="checkbox"/> G-44 <input type="checkbox"/> G-45

Registration Information & Inquiries:

Nikki Plaid
registration@mcwevents.com

General Meeting Information & Inquiries:

Nikki Plaid
206-782-5450
nikki@mcwevents.com

PAYMENT INFORMATION

- ☐ CHECK ENCLOSED, MADE PAYABLE TO: MCW/DSHS
- ☐ PURCHASE ORDER, INVOICE OR VOUCHER ENCLOSED # _____
- ☐ CREDIT CARD PAYMENT: ☐ MasterCard ☐ Visa ☐ American Express

Card # _____ Exp. Date _____

Cardholder's Name _____ Signature _____